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B22A (Official Form 22A) (Chapter 7) (04/13)

In re Jessica M. Whitlock	
Debtor(s) Case Number:	According to the information required to be entered on this statement (check one box as directed in Part I, III, or VI of this statement):
(If known)	☐ The presumption arises.
	■ The presumption does not arise.
	☐ The presumption is temporarily inapplicable.

## CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by \$707(b)(2)(C).

	Part I. MILITARY AND NON-CONSUMER DEBTORS
1A	<b>Disabled Veterans.</b> If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	□ <b>Declaration of Disabled Veteran.</b> By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).
1B	<b>Non-consumer Debtors.</b> If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	☐ Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.
	Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.
1C	□ <b>Declaration of Reservists and National Guard Members.</b> By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard
	a. □ I was called to active duty after September 11, 2001, for a period of at least 90 days and □ I remain on active duty /or/ □ I was released from active duty on, which is less than 540 days before this bankruptcy case was filed;
	OR
	<ul> <li>b. □ I am performing homeland defense activity for a period of at least 90 days /or/</li> <li>□ I performed homeland defense activity for a period of at least 90 days, terminating on, which is less than 540 days before this bankruptcy case was filed.</li> </ul>

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	Part II. CALCULATION OF M	ION	NTHLY INCOM	ME FOR § 707(b)	( <b>7</b> ) E	XCLUSION		
	Marital/filing status. Check the box that applies a	and c	complete the balance	e of this part of this sta	temen	t as directed.		
	a. Unmarried. Complete only Column A ("D							
2	b. Married, not filing jointly, with declaration of separate households. By checking this box "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code." Complet for Lines 3-11.					and I are living apart other than for the		
	c. ☐ Married, not filing jointly, without the decl- ("Debtor's Income") and Column B ("Spot	use's	Income") for Line	es 3-11.		_		
	d. Married, filing jointly. Complete both Col					use's Income'')		
	All figures must reflect average monthly income recalendar months prior to filing the bankruptcy case the filing. If the amount of monthly income varied six-month total by six, and enter the result on the a	e, en I dur	ding on the last day ing the six months,	of the month before		Column A  Debtor's Income	Column B Spouse's Income	
3	Gross wages, salary, tips, bonuses, overtime, con	mmi	ssions.		\$	1,469.19	\$	
	Income from the operation of a business, profes			Line b from Line a and	Ψ	1,100110	*	
4	enter the difference in the appropriate column(s) of business, profession or farm, enter aggregate number of enter a number less than zero. Do not include Line b as a deduction in Part V.	f Lir bers	ne 4. If you operate and provide details part of the busine	e more than one on an attachment. Do ess expenses entered or	1			
			Debtor	Spouse	4			
	a. Gross receipts	\$	0.00		41			
	b. Ordinary and necessary business expenses c. Business income	Ψ	btract Line b from I		\$	0.00	¢	
					] Þ	0.00	<b></b>	
	<b>Rent and other real property income.</b> Subtract I the appropriate column(s) of Line 5. Do not enter							
	part of the operating expenses entered on Line							
5	pure or one operating enpenses entered on zine		Debtor	Spouse	7			
	a. Gross receipts	\$	0.00		11			
	b. Ordinary and necessary operating expenses	_	0.00		1			
	c. Rent and other real property income		btract Line b from I	Line a	\$	0.00	\$	
6	Interest, dividends, and royalties.				\$	0.00	\$	
7	Pension and retirement income.				\$	0.00	\$	
8	Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by your spouse if Column B is completed. Each regular payment should be reported in only one column; if a payment is listed in Column A, do not report that payment in Column B.					0.00	\$	
9	<b>Unemployment compensation.</b> Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A							
	Unemployment compensation claimed to be a benefit under the Social Security Act Debto	or\$	<b>0.00</b> Spo	ouse \$	\$	0.00	\$	
10	Debtor Spouse  a. \$ \$							
	b.	\$		\$	]			
	Total and enter on Line 10					0.00	\$	
11	<b>Subtotal of Current Monthly Income for § 707</b> (Column B is completed, add Lines 3 through 10 in				f \$	1,469.19	\$	

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12	<b>Total Current Monthly Income for § 707(b)(7).</b> If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.	\$		1,469.19			
	Part III. APPLICATION OF § 707(b)(7) EXCLUSION	1					
13	<b>Annualized Current Monthly Income for § 707(b)(7).</b> Multiply the amount from Line 12 by the enter the result.	number 12 and	\$	17,630.28			
14	Applicable median family income. Enter the median family income for the applicable state and household size.  (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)						
	a. Enter debtor's state of residence: MS b. Enter debtor's household size:	3	\$	44,149.00			
	<b>Application of Section 707(b)(7).</b> Check the applicable box and proceed as directed.						
15	The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII.						
	☐ The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.						

## Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

	Part IV. CALCULA	TION OF CUR	REN	T MONTHLY INCOM	ME FOR § 707(b)(2	2)
16	Enter the amount from Line 12.				\$	
17	Marital adjustment. If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero.    S					
	d.			\$		
	Total and enter on Line 17					\$
18	Current monthly income for § 70°	(b)(2). Subtract Lin	e 17 fro	m Line 16 and enter the resu	ılt.	\$
	Part V. C.	ALCULATION	OF D	EDUCTIONS FROM	INCOME	
	Subpart A: Dec	luctions under Sta	andard	s of the Internal Revenu	ie Service (IRS)	
National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable number of persons. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.				\$		
19B	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom					
	Persons under 65 year a1. Allowance per person	s of age	a2.	Persons 65 years of age Allowance per person	or older	
	b1. Number of persons		b2.	Number of persons		
	c1. Subtotal		c2.	Subtotal		\$
20A	the number that would currently be allowed as exemptions on your federal income tax return, plus the number of					
	any additional dependents whom you support.					\$

20B	Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court) (the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. Do not enter an amount less than zero.  a. IRS Housing and Utilities Standards; mortgage/rental expense \$ b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42  c. Net mortgage/rental expense Subtract Line b from Line a.  Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:				
22A	Local Standards: transportation; vehicle operation/public transportation expense.  You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation.  Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8.  \[ \begin{array}{c} 0 & \prod 1 & \prod 2 \text{ or more.} \]  If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)				
22B	Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for you public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)				
23	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.)  □ 1 □ 2 or more.  Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. Do not enter an amount less than zero.  a. IRS Transportation Standards, Ownership Costs  Average Monthly Payment for any debts secured by Vehicle b. 1, as stated in Line 42  c. Net ownership/lease expense for Vehicle 1  Subtract Line b from Line a.				
24	Local Standards: transportation ownership/lease expense; Vehicle the "2 or more" Box in Line 23.  Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy of Monthly Payments for any debts secured by Vehicle 2, as stated in Line the result in Line 24. Do not enter an amount less than zero.  a. IRS Transportation Standards, Ownership Costs  Average Monthly Payment for any debts secured by Vehicle b. 2, as stated in Line 42  c. Net ownership/lease expense for Vehicle 2	\$			
25	Other Necessary Expenses: taxes. Enter the total average monthly exstate and local taxes, other than real estate and sales taxes, such as inconsecurity taxes, and Medicare taxes. Do not include real estate or sale	\$			

	Other Necessary Expenses: involuntary deductions for	r employment. Enter the total average monthly payroll			
26	deductions that are required for your employment, such a <b>Do not include discretionary amounts, such as volunta</b>	\$			
27	Other Necessary Expenses: life insurance. Enter total				
27	life insurance for yourself. <b>Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.</b>				
	Other Necessary Expenses: court-ordered payments.	Enter the total monthly amount that you are required to	\$		
28	pay pursuant to the order of a court or administrative age	ency, such as spousal or child support payments. <b>Do not</b>			
	include payments on past due obligations included in	Line 44.	\$		
		t or for a physically or mentally challenged child. Enter			
29	the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education				
	providing similar services is available.		\$		
30	Other Necessary Expenses: childcare. Enter the total a	verage monthly amount that you actually expend on			
	childcare - such as baby-sitting, day care, nursery and pro-		\$		
2.1	Other Necessary Expenses: health care. Enter the total health care that is required for the health and welfare of y				
31	insurance or paid by a health savings account, and that is	in excess of the amount entered in Line 19B. <b>Do not</b>			
	include payments for health insurance or health saving	gs accounts listed in Line 34.	\$		
	Other Necessary Expenses: telecommunication service				
32		our basic home telephone and cell phone service - such as ternet service - to the extent necessary for your health and			
	welfare or that of your dependents. Do not include any a		\$		
33	Total Expenses Allowed under IRS Standards. Enter	the total of Lines 19 through 32.	\$		
	Subpart B: Addition	nal Living Expense Deductions			
	<del>-</del>	enses that you have listed in Lines 19-32			
	Health Insurance, Disability Insurance, and Health Sa	avings Account Expenses. List the monthly expenses in			
2.4	the categories set out in lines a-c below that are reasonab dependents.				
34	a. Health Insurance	\$			
	b. Disability Insurance	\$			
	c. Health Savings Account	\$	\$		
	Total and enter on Line 34.				
	If you do not actually expend this total amount, state y below:	our actual total average monthly expenditures in the space			
	\$				
	Continued contributions to the care of household or fa	amily members. Enter the total average actual monthly			
35	expenses that you will continue to pay for the reasonable	and necessary care and support of an elderly, chronically			
	ill, or disabled member of your household or member of expenses.	your immediate family who is unable to pay for such	\$		
	Protection against family violence. Enter the total avera	age reasonably necessary monthly expenses that you	Ψ		
36	actually incurred to maintain the safety of your family un				
	other applicable federal law. The nature of these expenses is required to be kept confidential by the court.				
	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case				
37	trustee with documentation of your actual expenses, a				
	claimed is reasonable and necessary.		\$		
	Education expenses for dependent children less than 1				
38	actually incur, not to exceed \$156.25* per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.				
1					

 $<sup>^{*}</sup>$  Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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39	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.					\$	
40	Cont finan	inued charitable contributacial instruments to a charital	ions. Enter the amount that you will contible organization as defined in 26 U.S.C. §	nue t 170(	o contribute in the c)(1)-(2).	e form of cash or	\$
41	Tota	l Additional Expense Dedu	ctions under § 707(b). Enter the total of	Lines	s 34 through 40		\$
			<b>Subpart C: Deductions for D</b>	ebt l	Payment		
42	<b>Future payments on secured claims.</b> For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.						
	a.	Name of Creditor	Property Securing the Debt	\$	Average Monthly Payment	Does payment include taxes or insurance?	
				7	Total: Add Lines		\$
43	Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.    Name of Creditor   Property Securing the Debt   1/60th of the Cure Amount					s	
44	Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. Do not include current obligations, such as those set out in Line 28.						\$
			enses. If you are eligible to file a case under a by the amount in line b, and enter the re				
45	a. b.	Current multiplier for yo issued by the Executive (information is available at the bankruptcy court.)	ly chapter 13 plan payment.  ur district as determined under schedules  Office for United States Trustees. (This at www.usdoj.gov/ust/ or from the clerk of the strative expense of chapter 13 case	X	otal: Multiply Line	es a and h	\$
46	<b>Total Deductions for Debt Payment.</b> Enter the total of Lines 42 through 45.					\$	
	Subpart D: Total Deductions from Income						*
47	Tota	l of all deductions allowed	under § 707(b)(2). Enter the total of Line				\$
		Part VI	. DETERMINATION OF § 707(	b)(2	) PRESUMP	ΓΙΟΝ	
48	Enter the amount from Line 18 (Current monthly income for § 707(b)(2))						\$
49	Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))					\$	
50	Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 and enter the result.					\$	
51	<b>60-month disposable income under § 707(b)(2).</b> Multiply the amount in Line 50 by the number 60 and enter the result.					\$	

	<b>Initial presumption determination.</b> Check the applicable box and proceed as directed.					
52	☐ The amount on Line 51 is less than \$7,475*. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.					
02		☐ The amount set forth on Line 51 is more than \$12,475* Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI.				
	☐ The amount on Line 51 is at least \$7,475*, but not more than \$12,475*. Complete the remainder of Part VI (L	ines 53 through 55).				
53	Enter the amount of your total non-priority unsecured debt	\$				
54	<b>Threshold debt payment amount.</b> Multiply the amount in Line 53 by the number 0.25 and enter the result.	\$				
	Secondary presumption determination. Check the applicable box and proceed as directed.					
55	☐ The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise of this statement, and complete the verification in Part VIII.	e" at the top of page 1				
	☐ The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.	on arises" at the top				
	Part VII. ADDITIONAL EXPENSE CLAIMS					
56	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the you and your family and that you contend should be an additional deduction from your current monthly income under 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average neach item. Total the expenses.	er §				
	Expense Description Monthly Amour	nt				
	a. \$					
	b. \$	_				
	c.	_				
	Total: Add Lines a, b, c, and d \$	-				
	Part VIII. VERIFICATION					
	I declare under penalty of perjury that the information provided in this statement is true and correct. (If this is a join.	t case, both debtors				
	must sign.)  Detail March 12, 2014					
57	Date: March 12, 2014 Signature: /s/ Jessica M. Whitlock  Jessica M. Whitlock					
	(Debtor)					

<sup>\*</sup> Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.